

GUIDE TO KENNEL LICENSES

A license must be obtained before operating a Kennel. Pursuant to State Law, a kennel is:

“one pack of collection of dogs on a single premises, whether maintained for breeding, boarding, sale, training, hunting or other purposes and including any shop where dogs are on sale, and also including every pack or collection of more than three dogs three months old or over owned or kept by a person on a single premises irrespective of the purpose for which they are maintained (MGL c. 140 s. 136A).

Licensure is valid from the date of the license through the following March 31. Contact the City Clerk (617 625-6600 x4100) if you have any questions about the application process. The application fee is \$20 per dog (using the total number of dogs over 3 months old to be kept).

To complete the application:

1. Fill in the Kennel License Application. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit – General Business.
2. For new applicants or applicants adding dogs, contact the Inspectional Services Department to arrange a sign-off on the Application (617 625-6600 x5600).
3. For new applicants or applicants adding dogs, contact the Animal Control Officer to arrange a sign-off on the Application (617 625-6600 x2190).
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury	Monday–Wednesday, 8:30 AM – 4:00 PM
93 Highland Avenue (City Hall)	Thursday, 8:30 AM – 7:00 PM
617 625-6600 x3500	Friday, 8:30 AM – 12:00 PM
5. Submit the application to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. Include payment of the fee (cash or check made payable to City of Somerville). Allow at least one week for processing.

KENNEL LICENSE APPLICATION

Application Fee \$20 per dog

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☐ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: _____ Phone: _____

Business DBA Name (if applicable): _____

Address with Zip Code: _____

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): ☐ Individual ☐ Sole Proprietorship
 ☐ Corporation ☐ Association ☐ Partnership

IF AN INDIVIDUAL OR SOLE PROPRIETORSHIP:

Owner's Name: _____

Address with Zip Code: _____

IF A CORPORATION OR ASSOCIATION:

President's Name: _____

Address with Zip Code: _____

Secretary's Name: _____

Address with Zip Code: _____

Treasurer's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP (Attach additional sheets as necessary):

Partner 1's Name: _____

Address with Zip Code: _____

Partner 2's Name: _____

Address with Zip Code: _____

Total number of dogs over 3 months old to be kept _____

Average number of dogs at any given time _____

Average length of stay per dog, if short-term (for sale, boarding, etc.) _____

Hours the kennel will be supervised or attended _____

- | | | | |
|----|---|--------|--------|
| 1. | On the kennel premises, will dogs be bred? | Y ____ | N ____ |
| 2. | On the kennel premises, will dogs be given veterinary treatment? | Y ____ | N ____ |
| 3. | On the kennel premises, will dogs be sold? | Y ____ | N ____ |
| 4. | On the kennel premises, will dogs be boarded? | Y ____ | N ____ |
| 5. | On the kennel premises, will dogs be trained? | Y ____ | N ____ |
| 6. | On the kennel premises, will dogs be kept as pets? | Y ____ | N ____ |
| 7. | On the kennel premises, will dogs be kept for other purposes? Describe: | Y ____ | N ____ |

Square footage of yard on the premises to be occupied by dogs _____

Describe all fences, shelters, runs or other structures on premises to be occupied by dogs, and whether the structures now exist or are proposed _____

Describe where the dogs will be sheltered _____

Does this shelter have heat? Y ____ N ____

Does this shelter have running water? Y ____ N ____

Individual dog information if known (Continue on a new sheet if necessary):

#	Breed	Age	Weight	Sex	Neutered/ Spayed	License #, City
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading will result in the forfeiture of this license. This license will only be effective for the listed location, will expire on next March 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant_____ Date_____

FOR NEW APPLICANTS OR APPLICANTS ADDING DOGS:

INSPECTIONAL SERVICES DEPARTMENT

The premises mentioned above is in a _____ Zone.

_____ The use is permitted as of right

_____ The use requires a special permit

_____ The use is prohibited

Signature:_____ Name and Title:_____

ANIMAL CONTROL OFFICER

I recommend this application _____Be approved. _____Be denied.

Signature:_____ Name and Title:_____

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: _____
2. Address of taxpayer/applicant's business in Somerville: _____
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: _____ evening: _____

I, _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: _____

address: _____

city: _____

state: _____

zip: _____

phone #: _____

work site location (full address): _____

☐ I am a sole proprietor and have
no one working in any capacity.

Business Type:

☐ Retail

☐ Restaurant/Bar/Eating Establishment

☐ Office

☐ Sales (including Real Estate, Autos etc.)

☐ I am an employer with _____ employees (full & part time).

☐ Other

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____

phone #: _____

insurance co.: _____

policy #: _____

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: _____

address: _____

city: _____

phone #: _____

insurance co.: _____

policy #: _____

company name: _____

address: _____

city: _____

phone #: _____

insurance co.: _____

policy #: _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print name: _____ Phone #: _____